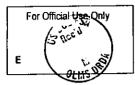
U.S. Capartment of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - //0 60

3. Name and address of person filing.

P.O. Box, Bldg. Room No., if any

Name CARL ROCCONI

Street 9027 22 MPLACE

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/11/04 Through: 12/31/04

4. Name, file number, and address of labor organization.

Name SEIU LOCAL 1

Labor Organization File Number (2) 3 715

Street 111 E. WACKER

P.O. Box, Building and Room Number, if any 25^{+L} FL .

On 8/10/05 3/2-233-8786
Telephone Number

-/10-/ 30	
city M. RIVERSIDE	City CAICAGO
State FLI-INOIS ZIP Code + 4 60546	State LL1,0015 ZIP Code + 4 60601
5. Position in labor organization. RESIDENTIAL DIRECTOR	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name ABM LAKESIDE	GOLF + DINNER
Trade Name, if any:	
P.O. Box, Bldg. Room No., if any STE. 1420	7.b. Amount.
Street 180 N. LASAUE	\$150. D
City CHICAGO	
State FLIN015 ZIP Code + 4 60601	
Signature	

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed